

**POLICIES AND GUIDELINES FOR REQUEST FOR
ADMINISTRATION/STORAGE OF MEDICATION IN SCHOOL**

1. Medication(s) ordered for chronic illnesses and/or life threatening conditions shall be accepted for administration at school.
2. Order for antibiotics will NOT be accepted unless there are no other alternatives. Reasons why it must be administered in school must be included.
3. Order for over the counter medications will NOT be accepted unless the order is accompanied with reasons why it must be administered in school.
4. Administration of medication at school mandates the written order on Form PHN/SHS 36, "Request for Medication/Storage of Medication," with parental approval signified by signature and dated. No medication will be administered by school health aide, PHN, or DOE staff without the proper completion of the Form PHN/SHS 36.
5. Medication must be dispensed as stipulated in Hawaii Revised Statutes HRS 328-16 with label bearing the following: Name, business address, telephone of the seller, name of person for whom drug was prescribed, serial number of prescription, date the prescription was prepared, name of the practitioner; name, strength, and quantity of drug, number of refills, if available, and specific directions for the drug's use.
6. The written script must state "For School Use." **Example:**
Vial #1 Ritalin 5 mg BID
Vial #2 For School Use
Ritalin 5 mg. Take one tablet at 11:00 am
Total Count: Sixty (#60)
7. The Pharmacist will generate an ancillary label to be placed over the original label on the second container (Vial #2) labeled, "For School Use."
Label: **SCHOOL USE ONLY**
Take/Use _____ at
_____AM and at _____PM
8. The Pharmacist will dispense estimated twenty (20) day supply for school time dosing in the second container (Vial #2) with the ancillary label. This process will NOT generate a second third party insurance claim.
9. A new Form PHN/SHS 36, "Request for Administration/Storage of Medication," must be completed with any change in medication.
10. Medication order is valid for the current school year. Parent is responsible to obtain the form for the following school year.

If there are questions or more information required, please contact Ruth Ota, Chief, Public Health Nursing Branch at 586-4620 or email at rkota@mail.health.state.hi.us OR Louise Iwaishi, M.D. at 983-8387. Policies and Form PHN/SHS 36 are available at the website address: www.hawaii.gov/doh/publichealthnursing

**Hawaii-American Academy of Pediatrics-Public Health Nursing Branch-Department of Education
Partnership Advisory (H-AAP-PHNB-DOE)**

Public Health Nursing Branch, Department of Health, has the responsibility to administer the school health program in the public schools, statewide. The H-AAP-PHNB-DOE Partnership Advisory was formed in January, 1998 to strengthen health room practices in the schools, to strengthen the partnerships with family, medical home, health care systems, Public Health Nursing, Department of Education and other support services in improving the health status of children, and to ensure the continuum of health services from the family to school to medical home.

The Advisory has several workgroups to address the unique medical and health issues that impact on students' learning. Membership in workgroups reflects the expertise in the specific areas. The workgroups are: Respiratory/Pulmonary Disorders; Diabetes; Neurology; Oncology/Hematology; Emergency Medical Services; Information Flow; and Medications.

Members of the H-AAP-PHNB-DOE Partnership Advisory

Melinda Ashton, M.D., Chairperson
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Keith Matsumoto, M.D.
Linda Rosen, M.D.
Kara Yamamoto, M.D.
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Shigeko Lau, M.D.
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Kim Hoeldtke, M.D. (military)
Richard Kynion, M.D. (Tripler)
Laura Mulreany, M.D. (Tripler)
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Contact Person for suggestions, comments, questions:

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